

Bambi Palvre Walters, PC
PO Box 5743 •
Williamsburg, VA 23188
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Art Unit 2134
To: ATTN: Christopher J. Brown Fax: 703-872-9306
From: Bambi Walters Date: 8/30/2004
Re: (1) Transmittal; Pages: 5
(2) Fee Transmittal & Credit
Card Payment Form; and
(3) Fax Receipt

Serial No. 09/608,184

For Review Please Comment Please Reply Please Recycle

Please feel free to contact me should there be any problems with the transmission or if
you would like to discuss anything further.

Thank you, Bambi *ZPW*

757-253-5729 (Office)
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Received
only
3

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission:

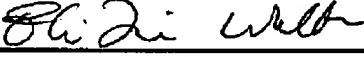
Application Number	09/608,184
Filing Date	June 30, 2000
First Named Inventor	Samuel N. Zellner
Art Unit	2134
Examiner Name	Christopher J. Brown
Attorney Docket Number	BS99224

ENCLOSURES

(Check all that apply)

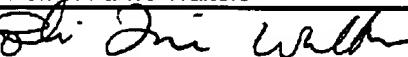
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 8/29/04 USPTO Auto-Reply Receipt
Remarks: Please note that this transmission includes a two month extension of time FEE and credit card payment form for the Amendment and Response earlier submitted and referenced on the attached Auto Reply Receipt. The Request for the Two Month Extension of Time was submitted with the Amendment and Response.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Fairve Walters	Reg. No.:	45,197
Signature			
Date	August 30, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Bambi Fairve Walters	Date	August 30, 2004
Signature			

FEE TRANSMITTAL for FY 2003

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$420.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit
Account
No.

Deposit
Account
Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	285	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1):					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-	20**	=	X 18.00	=
Independent Claims	-	3**	=	X 86.00	=
Multiple Dependent				=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	18	2202	8	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2):					

**or number previously paid, if greater; For Reissues, see above

Complete If Known	
Application Number	09/608,184
Filing Date	June 30, 2000
First Named Inventor	Samuel N. Zellner
Examiner Name	Christopher J. Brown
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1063	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	420.00
1253	850	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	840	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fees under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Info Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify):					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3): \$420.00					

SUBMITTED BY:		Complete (If applicable)	
Name (Print/Type)	Bambi Faivre Walters	Registration No. (Attorney/Agent)	45,197 Telephone: (757) 253-5729
Signature		Date	8/30/2004